

Application for CS Academy at The California School for the Blind

June 20 -30, 2016

in partnership with the
Rochester Institute of Technology (RIT)

CS Academy is intended to provide high school students (ages 13-18) with visual impairments an opportunity to learn about Computer Science in:

- a 11 day summer academy at the California School for the Blind
- a follow-up online component for additional computing topics and collaboration

that will enable them to further explore computing, create projects and share them in an accessible manner. The curriculum is derived from the Exploring Computer Science (ECS) curriculum, which is used in dozens of high schools around the US. It will be enhanced to enable students with visual impairments to develop their abilities in web design programming, and robotics.

CS Academy is based on the Exploring Computer Science (ECS). It is designed to introduce students to the breadth of the field of computer science through an exploration of engaging and accessible topics. Rather than focusing the entire course on learning particular software tools or programming languages, the course is designed to focus on the conceptual ideas of computing and help students understand why certain tools or languages might be utilized to solve particular problems. The goal is to develop in students the computational practices of algorithm development, problem solving and programming within the context of problems that are relevant to the lives of today's students. Students will also be introduced to topics such as interface design, limits of computers, and societal and ethical issues.

Return all items on the application checklist to the following address:

California School for the Blind
500 Walnut Avenue
Fremont, CA 94536
Attn: James Rudder

To receive full consideration, applications are due Friday, May 6, 2016. Applications received after this date will be reviewed as space in the program permits.

APPLICATION CHECKLIST

- Applicant Information Sheet ☐
- Short Answer Questions ☐

- Official transcript for all high school classes*
- Assent Form (Child) AND Consent Form (Parent)
- Short Course Program check off list **(CSB required)**

* May be sent directly via the counseling office or person writing recommendation – does not need to be included in package submitted by applicant.

Questions regarding this application may be directed to James Rudder at 510-794-3800 x329 or jrudder@csb-cde.ca.gov

CS Academy

APPLICANT INFORMATION (Please Print/Type responses)

Applicant's full name (First, Last):

Street Address:

City, State, Zip:

Phone number:

Birth Date (Month, Day, Year):

Gender: Female Male

E-mail address (please print or type CLEARLY):

(NOTE – ALL APPLICANTS MUST HAVE AND USE AN E-MAIL ADDRESS IN ORDER TO BE CONSIDERED FOR THIS PROGRAM. ALL COMMUNICATION WITH APPLICANTS WILL BE VIA E-MAIL.)

School Name:

Grade (as of Fall 2015):

4b. If you HAVE NOT participated in technology or computer science clubs or classes, what interests you about the CS Academy?

5. Is there any other information you would like to provide (use separate page if necessary)?

6. Do you have any particular goals or expectations for what you would like to learn from the CS Academy?

CS Academy

**ROCHESTER INSTITUTE OF TECHNOLOGY
ASSENT FORM (CHILD)**

Project Title: I-ECS: Inclusive Exploring CS Curriculum Enhancement as Face-to-Face and Online Support for Visually Impaired, High School Students

Investigators:

Stephanie Ludi	Professor, Dept. of Software Engineering (585) 475-7407 salvse@rit.edu
Debra Bernstein	Senior Researcher, TERC debra_bernstein@terc.edu
Karen Mutch-Jones	Co-Director of TERC's Evaluation Group karen_mutch-jones@terc.edu

We are doing a research study about improving access to Computer Science through a set of online and face-to-face activities (and supporting software). A research study is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to use and offer feedback (including your preferences) on the Exploring Computer Science tools themselves, the content, and your experiences in using the system. A residential camp (CS Academy) will introduce you to the tools, the cohort of students and the research team. Modules with require specific equipment, such as the Robotics Module, will be part of the CS Academy, to be held at the California School for the Blind. During the CS Academy, participants will meet for approximately 6 hours per day for about 2 weeks. You will be able to ask questions and explore the tools during CS Academy. As part of the study, you will be asked what works well in terms of your preferences of use, what you do not prefer, and how to improve CS Academy and the I-ECS tools (and content). Your feedback will be instrumental as we move forward with the overall project. You will be videotaped and photographed to help document the interaction with the tools and the overall CS Academy experience. After the on-site camp, you will be asked to give feedback on additional, online content and tools through our I-ECS site. You can work on related projects individually or with others in the group. You will be asked to provide feedback on the online system as well, in a similar manner as during the summer camp. You can work at your own pace at home, but the estimated time that you would participate online would be about 2-4 hours per week during the Fall and early Winter.

There are some things about this study you should know. These are your privacy, your time, and if you get frustrated. Privacy may be a concern because you will sometimes need to log in to an online system to access I-ECS tools and content, and you will be responding to occasional questions that ask for your feedback during the use of the system. Your responses, including uploaded materials will be recorded/stored by the online system as you use the system. We want to you're your identify secret, so you will be assigned an ID code. If you do accidentally put your name or other identifying information on a project, the team will remove any such identifying information

that is found or brought to our attention. After the CS Academy, you will be asked to access the I-ECS site that has additional content for you to use to explore Computer Science topics. It is estimated that you would spend about 2-4 hours per week doing this but you can work at your own pace. In addition, if you become frustrated or fatigued during your participation, you can ask for help or stop at any time.

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might be that you will learn about Computer Science topics through online and desktop technologies that are accessible to high school students who are visually impaired. Also, you may meet new friends who share common interests, and you can work together online to create interesting things (such as web pages, robots, and programs).

When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study too. If you have any questions about the form, contact Stephanie Ludi at 585-475-7407 or salvse@rit.edu

If you decide you want to be in this study, please sign your name and keep a copy for yourself.

I, _____, want to be in this research study.

(Sign your name here)

(Date)

**ROCHESTER INSTITUTE OF TECHNOLOGY
CONSENT FORM (PARENT)**

**I-ECS: Inclusive Exploring CS Curriculum Enhancement as Face-to-Face and
Online Support for Visually Impaired, High School Students**

RESEARCHERS

Stephanie Ludi Professor, Dept. of Software Engineering
(585) 475-7407 salvse@rit.edu

Debra Bernstein Senior Researcher, TERC
debra_bernstein@terc.edu

Karen Mutch-Jones Co-Director of TERC's Evaluation Group
karen_mutch-jones@terc.edu

RESEARCHER'S STATEMENT

We are asking that you and your child be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." Please keep a signed copy of this form for your records.

PURPOSE OF THE STUDY

We are testing modifications to the Exploring CS (ECS) curriculum that will make it accessible to visually impaired students. As such, new online resources and tools have been developed to support the ease of access. The goal of the project is to increase access to the ECS Curriculum for visually impaired high school students. We will do this through the development of lesson accommodations, software tools and online modules that students can access as part of the CS Academy and at home. Ultimately educators and the ECS researchers will benefit from the findings in order to make the overall ECS experience more accessible to students.

STUDY PROCEDURES

If you choose to be in this study, we will ask your child use the tools and offer feedback and preferences on the tools themselves, the content, and your experiences in using the system. A 2-week residential camp (CS Academy) will introduce your child to the tools, a cohort of peers and the research team. Modules with require specific equipment, such as the Robotics Module, will be part of the CS Academy, to be held at the California School for the Blind. During the CS Academy, participants will meet for approximately 6 hours per day for 2 weeks. Your child will be able to ask questions and explore the tools during CS Academy. As part of the study, your child will be asked what works well in terms of their preferences of use, what they did and do not prefer, and how to improve CS Academy and the I-ECS tools (and content). Your child's feedback will be instrumental as we move forward with the overall project. Your child may be videotaped and photographed to help document the interaction with the tools and the overall CS Academy experience.

In addition, you will be asked about your impressions of their experience before and after the CS Academy. Anonymity is preserved for the study. Participation is completely voluntary. Your child will be compensated in terms of paid travel and lodging for the CS Academy.

RISKS, STRESS, OR DISCOMFORT

Privacy may be a concern because your child will sometimes need to log in to an online system to access I-ECS tools and content, and he/she will be responding to occasional questions that ask for feedback during the use of the system. Your child's responses, including uploaded materials will be recorded/stored by the online system. Your child will be assigned an ID to preserve his/her privacy and your child should not write his/her name in their responses. If he/she does so accidentally, the team will remove any such identifying information that is found or brought to our attention. Your child's identify will not be recorded other than as a code-name that he/she selects. Your child's name will not be associated with his/her feedback, as the signed consent forms will be stored separately from the feedback. In addition, if your child becomes frustrated or fatigued during his/her participation, he/she can stop at any time.

For parental surveys, an ID will also be used to preserve anonymity as well.

BENEFITS OF THE STUDY

A potential benefit of participating in the I-ECS project is to provide your child with access to computer science lessons that are easy to access and to provide your child

the opportunity to explore Computer Science. Your child's feedback will be incorporated into the design of I-ECS, specifically making the tools and content effective, fun, easy to use and accessible for future users. Ultimately, widespread distribution may play a role in making high school computer science classrooms more accessible for visually impaired students.

OTHER INFORMATION

Data in this study will be confidential. You and your child may refuse to participate or may withdraw from the study at any time without penalty. If you have any questions about the form, contact Stephanie Ludi at 585-475-7407 or salvse@rit.edu

Subject's statement

This study has been explained to me. We volunteer to take part in this research. During the summer camp (CS Academy), my child (circle one) CAN / CANNOT be photographed or videotaped for purposes of the study. Also during the CS Academy, my child (circle one) CAN / CANNOT be photographed or videotaped for purposes of sharing the research results with other or recruiting future participants. We have had a chance to ask questions. If we have questions later about the research, we can ask the researchers listed above. If we have questions about our rights as a research subject, we can contact RIT's Human Subjects Office (585) 475-5429 or via email at hmfsrs@rit.edu. We will retain a copy of this consent form.

Printed Name of Child

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Copies to: Researcher, Subject



Short Course Program

Check Off List

In order to complete the application process, we will need the following:

- ☐ Permission Form
- ☐ Copy of most current IEP
- ☐ Copy of most current eye report (within last 3 years)
- ☐ Recent photo – can be a small digital school picture (to be used by our Health Services)
- ☐ Authorization for Medical Care and Treatment (Green Stripe Form)
- ☐ Copy of medical insurance card
- ☐ Immunization record
 - Polio (OPV or IPV)
 - DTP/DTaP/DT/Td
 - MMR
 - Hepatitis B
 - Varicella
 - TB
- ☐ Authorization to Administer Prescribed Medications
- ☐ Consent for Release and/or Exchange of Information
- ☐ Short Term Transportation Request

Please include any other pertinent information or reports that you feel may be helpful in developing a program for your student.

Please mail all of the above to:

California School for the Blind
James Rudder, Staff Services Analyst
500 Walnut Avenue
Fremont, CA 94536
jrudder@csb-cde.ca.gov

If you have any questions or comments please contact:

James Rudder
510-794-3800 x329

or

Adrian Amandi
510-794-3800 x313



California School for the Blind
Permission Form
During Short Course Week

Student Name: _____

Field Trips/Community Based Physical Activities

Permission is granted for my child to be transported by CSB staff for field trips, community based activities (movies, dance classes, fitness activities, mall trips) and other school sponsored trips approved by CSB. California School for the Blind is released from responsibility connected with illness, accidents, damages, or bodily injury during the trip.

[] yes [] no Signature: _____

Dispensing of Medication during Activities

If my child needs to receive medication during any field trip or off-campus activity, I hereby request that any such medications be administered by approved school personnel as needed. I understand that school personnel approved to administer medications on their trips may include those not medically licensed.

[] yes [] no Signature: _____

In the event my child needs over-the-counter medication while at CSB or during an overnight activity, you have my permission to administer the following:

Tylenol for low grade fever [] yes [] no

Cough medicine [] yes [] no Signature: _____

Photo Release

I give my permission for my child to appear in promotional photos, film and videos taken at CSB during the Short Course Program. I understand that participation is purely voluntary and without compensation and that all materials and images taken during this Short Course Program will be owned solely by the California School for the Blind to use, display and publish the images of my child to promote the Short Course Program in newsletters, as well as functions, activities, conferences, and programs in which the California School for the Blind participates.

[] yes [] no Signature: _____

Physical Activities

Are there any physical activities your child cannot participate in? [] yes [] no

If yes, please list: _____

Signature: _____

**CALIFORNIA DEPARTMENT OF EDUCATION
STUDENT HEALTH UNIT**

Phone: 510 794 3747 VP: 510 344 6111 FAX: 510 794 2408

☐ California School for the Blind
500 Walnut Avenue
Fremont, Ca 94536

☒ California School for the Deaf
39350 Gallaudet Drive
Fremont, Ca 94538

Authorization for Medical Care and Treatment

In case of injury or sudden illness to my child, I hereby authorize the Superintendent (or a person designated by the Superintendent) to obtain all medical and surgical care he/she deems necessary, to render, at my expense, immediate medical care or emergency surgery for my child's health or safety; including the need for diagnostic tests and routine medical care to my child by the Student Health Unit of the school. *Students participating in school related activities may have their medication administered to them by the nurse or other designated school personnel. CA Ed Code 49423.*

Release of Information

Parent/ guardian signature authorizes the disclosure of individually identifiable health information and student records in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and Individuals with Disabilities Education Act (IDEA), which pertains to the Privacy and Security of Protected Health Information and Student Records Information.

Student's Name: _____ **Date Of Birth** _____

Parent/Guardian/Adult Student: _____
Print Name and Relationship

If there is a legal custody agreement regarding this student, please circle one:

Joint Custody Sole Custody Guardian

Billing Address: _____ **City:** _____ **Zip Code:** _____

Grade: _____ **Day or Residential?** _____

() _____ () _____ () _____
Home Phone# with Area Code Cell Phone Work Phone# with Area Code

() _____
VP Phone #

Email/T-mail address with Person's Name & Relationship

() _____
Emergency Phone or VP# with Person's Name & Relationship

Insurance	Policy, Group or Card Number	Issue Date

Please list all allergies your child has. Tell us what the reactions are if known. If no allergies, please state NONE. _____

Signature of Parent, Legal Guardian or Student if 18 years or older

Date

STUDENT HEALTH UNIT
CALIFORNIA SCHOOL FOR THE DEAF
CALIFORNIA SCHOOL FOR THE BLIND
39350 Gallaudet Drive
Fremont, CA 94538

(510) 794-3747 voice/tty/vp Fax (510) 794-2408

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION

Dear Parent/Guardian and Physician:

Students in need of assistance with prescribed or non-prescribed medications, while at school, must have the following:

- A written statement from the physician.
- A supply of the medication must be sent to the school in a container labeled by the pharmacist in **English**. **Please ask the pharmacist to divide the prescription into 2 bottles: one for home, one for school (long-term prescriptions only).** The label is to include student's name, doctor's name, date, medication name and the dosage. Any change in dosage or time of administration must be verified in writing by the physician. The label on the bottle cannot be older than one month when school starts. However a *more recent*, written doctor's order will be accepted, to replace an older label if needed.
- **The above requirements apply to all medications available 'over the counter' (OTC) as well.**
- The form below will be completed and kept on file at the SHU, before your child can be given medication. This request must be renewed yearly. Please list ***all*** medications your child is taking below, with the **Doctor's signature**.
- Parents are responsible for supplying and ordering all medications.
- **Parents must keep a supply of medication at home for weekends and vacations.** If your child has routine medications(s) kept in SHU and you need them sent home on a specific weekend, please contact SHU via VP, Telephone/Fax or send a note before Thursday.
- **FIELD TRIP MEDICATIONS**
 - **Residential Students:** SHU is responsible for packing field trip medications.
 - **Day Students:** Field trip medications, *outside of school hours*, are the responsibility of the student's parents; they are to give the appropriate staff person the medication to administer if they are staying overnight during the week, after school game, or other event during the week or weekend activity.

Student's Name: _____

Medication/s	Dosage	Frequency	Duration	Diagnosis

Physician's SIGNATURE

PHYSICIAN'S NAME
(Please Print)

DATE

PHONE NO.

I give permission for school personnel to administer to my child medication as directed by Doctor.

PARENT'S SIGNATURE

CALIFORNIA DEPARTMENT OF EDUCATION
CALIFORNIA SCHOOL FOR THE BLIND (Short Course Program)
AUTHORIZATION FOR RELEASE OF INFORMATION

Completion of this document authorizes the disclosure of individually identifiable health information as specified below in accordance with the Health Insurance Portability and Accountability Act (HIPAA), which pertains to the Privacy and Security of Protected Health Information. All information received will be destroyed at the completion of the evaluation. **Instructions to Parent/Guardian:** One form must be completed for each doctor or agency that has provided services. Please mail completed form(s) to the person/agency who completed the service, asking them to forward their records on your child as soon as possible.

I hereby authorize the disclosure of information of my child:

Student's Name: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Individual and/or Organization disclosing information:

Individual and/or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization authorized to receive this information:

Attn: James Rudder
California School for the Blind
500 Walnut Avenue
Fremont, CA 94536

Type of information to be disclosed:

Medical

Educational Services _____

Psychiatric/ Mental Health

Occupational Therapy/ Physical Therapy

Other Professional Services _____

Signature of Parent, Legal Guardian or Child if 18 years or older

_____ Date

The information requested will only be used for the following purposes:

* Assessment and Evaluation

* Educational Planning

* Other: _____

Duration: This request shall become effective immediately and shall remain in effect as long as the student attends California School for the Blind

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

Redisclosure: I understand that health information used or disclosed pursuant to this authorization may be subject to redisclosure by the California School for the Blind and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Signature of Parent, Legal Guardian or Child if 18 years or older

_____ Date

A copy of this authorization is as valid as an original. I understand I have a right to receive a copy of this authorization for my records.

To Doctor, Hospital, Clinic: It is essential that the information listed in this authorization be forwarded to the above address as soon as possible. Unfortunately, we cannot pay you for the report we are requesting, as there is no provision with the Department of Education, State of California, for expenditure of funds for this purpose.

Office Use

Transportation Information Form

Please Print Clearly

Bus/Airline

Stop/Destination

Date: _____

Student Name

Birth Date

Address

City

Zipcode

Mother () -

() -

() -

Home phone

cell phone

Friday phone

Father () -

() -

() -

Home phone

cell phone

Friday phone

Emergency Contact/Release Name

Address

Phone number

Emergency Contact/Release Name

Address

Phone number

Father Email address

Mother email address

✓ **Permission to Release Student**

I hereby give my consent to my student being released by the school bus driver, nurse counselor, teacher or school administrator to the following named individuals, (as well as those named above) and I accept full responsibility for my student's release:

Name

Address

Telephone

1. _____

2. _____

3. _____

Print Both Parent's Names _____

Parent Signature _____